

Foster Family Home - Corrective Action Report

Provider ID: 1-120022

Home Name: Jinalyn Bulosan, CNA

Review ID: 1-120022-8

91-804 Apoke Place

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 11/20/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/20/18. Corrective Action Report issued during home visit with all items due to CTA by 12/20/18.

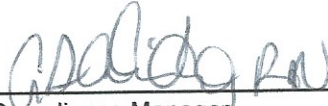
6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - APS/CAN lapsed for CG#1: was due on/before 5/19/2018, done on 10/08/2018.


Compliance Manager


Primary Care Giver


Date



Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jinalyn Bulosan CCFFH

CCFFH Address: 91-804 Apoke Place, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a) (2)	Lapse cannot be corrected.	10/08/18	Home understands background check requirements. Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: 

Print Name: Jinalyn Bulosan

Date of Signature: 12/27/18